

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

## To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>AMERICANS FOR PROSPERITY</b>		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1310 N Courthouse Rd Ste 700		
(c) City, State and ZIP Code ARLINGTON VA 22201		3. FEC Identification Number <div> <div>C</div> <div>C90013285</div> </div>
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☐ 24-Hour Report

☐ October 15 Quarterly Report ☒ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on  /  /

5. COVERING PERIOD:

FROM  /  /

THROUGH  /  /

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6. TOTAL CONTRIBUTIONS.....  0.00

7. TOTAL INDEPENDENT EXPENDITURES .....  94844.57

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

DATE \_\_\_\_\_

*[Electronically Filed]*

Tim Carnahan

*Tim Carnahan*

08/26/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee

Ajilon Professional Staffing

Date of Public Distribution/Dissemination

08 / 25 / 2016

Mailing Address Dept CH 14031

Amount

563.20

City State Zip Code  
Palatine IL 60055

Transaction ID : F57.4901

Purpose of Expenditure  
Phone BankingCategory/  
Type 004Office Sought: ☐ House State: PA  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
KATHLEEN ALANA MCGINTYCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 224265.08Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Cornerstone Staffing

Date of Public Distribution/Dissemination

08 / 25 / 2016

Mailing Address PO Box 909

Amount

563.20

City State Zip Code  
Grapevine TX 76099

Transaction ID : F57.4902

Purpose of Expenditure  
Phone BankingCategory/  
Type 004Office Sought: ☐ House State: PA  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
KATHLEEN ALANA MCGINTYCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 224828.28Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Innovative Advertising

Date of Public Distribution/Dissemination

08 / 24 / 2016

Mailing Address 4250 Highway 22  
Suite 7

Amount

31652.00

City State Zip Code  
Mandeville LA 70471

Transaction ID : F57.4899

Purpose of Expenditure  
Mailers (Cost of Living)Category/  
Type 004Office Sought: ☐ House State: PA  
☒ Senate District: \_\_\_\_\_  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
KATHLEEN ALANA MCGINTYCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 172300.71Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 32778.40

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures.....▶  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee

Innovative Advertising

Date of Public Distribution/Dissemination

MM / DD / YYYY  
08 / 26 / 2016

Mailing Address

4250 Highway 22

Suite 7

Amount

6915.00

City

State

Zip Code

Mandeville

LA

70471

Transaction ID : F57.4903

Purpose of Expenditure

Door Hangers

Category/  
Type

004

Office Sought:

☐ House

State: PA

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

KATHLEEN ALANA MCGINTY

Calendar Year-To-Date Per Election  
for Office Sought

231743.28

Disbursement For:

☐ Primary☒ General2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Keystone Report, LLC

Date of Public Distribution/Dissemination

MM / DD / YYYY  
08 / 23 / 2016

Mailing Address

1739 Creek Vista Drive

Amount

3750.00

City

State

Zip Code

New Cumberland

PA

17070

Transaction ID : F57.4904

Purpose of Expenditure

Digital Wed Ad Placement (Can't Afford Katie)

Category/  
Type

004

Office Sought:

☐ House

State: PA

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

KATHLEEN ALANA MCGINTY

Calendar Year-To-Date Per Election  
for Office Sought

140648.71

Disbursement For:

☐ Primary☒ General2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

United States Postal Service

Date of Public Distribution/Dissemination

MM / DD / YYYY  
08 / 24 / 2016

Mailing Address

475 L'Enfant Plaza Sw

Amount

51401.17

City

State

Zip Code

Washington

DC

20260

Transaction ID : F57.4900

Purpose of Expenditure

Postage for Mailers (Cost of Living)

Category/  
Type

004

Office Sought:

☐ House

State: PA

☒ Senate

District: \_\_\_\_\_

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

KATHLEEN ALANA MCGINTY

Calendar Year-To-Date Per Election  
for Office Sought

223701.88

Disbursement For:

☐ Primary☒ General2016  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

62066.17

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

94844.57

(carry total from last page forward to Line 7)